



Atty. Dkt. No. 088734-1111

*Handwritten signature/initials*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Bruno DE LIGNIERES  
Title: TREATMENT OF MASTALGIA WITH 4-HYDROXY TAMOXIFEN  
Appl. No.: 10/734,640  
Filing Date: 12/15/2003  
Examiner: U. Ramachandran  
Art Unit: 1627  
Confirmation Number: 9061

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Applicants hereby assert Small Entity status under 37 C.F.R. § 1.9 and § 1.27

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	13	-	20	=	0	x	\$52.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$390.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$140.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$140.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$70.00
	IDS Fee:		\$180.00
TOTAL FEE:			\$250.00

A credit card payment form in the amount of \$250.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 3, 2009

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 295-4094  
Facsimile: (202) 672-5399

By Courtenay C. Brinckerhoff

Courtenay C. Brinckerhoff  
Attorney for Applicant  
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